MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (145)

CERTIFICATE OF DEATH

18295

★ Reg. Dist. No. 2-91

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Talbot

City or town Rural St. Michaels Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Nine years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Talbot

City or town Rural St. Michaels

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Catherine Dawson Burrows

3.(b) Social Security Number 219-07-7047

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife Russell J.

6.(c) If alive, give age 29 years

7. Birth date of deceased (mo., day, yr.) Mch. 28, 1916

8. AGE: Years	Months	Days	If less than one day: hrs.	min.
29	4	5		

9. Birthplace Rural Livingston Md. (Town, county, and state)

10. Usual occupation House wife

11. Industry or business Own Home

FATHER 12. Name Russell Leonard

FATHER 13. Birthplace Talbot Co. Md.

MOTHER 14. Maiden name Mary Wright

MOTHER 15. Birthplace Bellevue Md.

16. Informant Russell J. Burrows.

Address Rural St. Michaels Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 5 1945 (month) (day) (year)

Cemetery or crematory Spring Hill

Location Easton Md.

18. Funeral director James Marshall

Address St. Michaels Md.

19. Aug 4 1945 (Date rec'd by registrar) John H. Woolley Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 3 1945 at 4 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 3 1945 to Aug 3 1945 and that I last saw h[illegible] alive on Aug 3 1945

	DURATION
Immediate cause of death Embolism (Gas)	15 min
Due to Labor (Childbirth) (Child not delivered)	3 hrs
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operation

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Eugene Reese M.D. M. D. or other

Address Easton Md. Date signed Aug 3 1945

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08296

CERTIFICATE OF DEATH

Reg. Diat. No. 290

1. PLACE OF DEATH:
County Talbot
City or town Easton Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1 da.
Hospital, Institution, or street address where death occurred: Memorial Hospital
How long in hospital or institution? 1 da.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Caroline
City or town Denton
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war none

3.(a) FULL NAME Diane Bennington

3.(b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Aug. 8. 1945

8. AGE: Years | Months | Days 2 | If less than one day ..... hrs. ..... min.

9. Birthplace Memorial Hospital (Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER
12. Name Douglas Carlisle Bennington
13. Birthplace Md Chester Pa

MOTHER
14. Maiden name Mabel Richards
15. Birthplace Denton Md

16. Informant Mabel Bennington
Address Denton Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 8/15/45 (month) (day) (year)

Cemetery or crematory Denton
Location Denton

18. Funeral director J. V. Moore & Son
Address Denton

19. 8/12 1945 (Date rec'd by registrar) N. H. Norris Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 12 1945, at 9 30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 8 1945, to Aug. 12 1945 and that I last saw h... alive on Aug. 12 1945

Immediate cause of death	DURATION
Prematurity	
Due to	
Due to	
Other conditions Respiratory Failure	

(Include pregnancy within 3 months of death)

Major findings of operations none Date of op.

Autopsy results ns

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Fuller M.D. M. D. or other

Address Ridgely Md Date signed 8-31-45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08292

Reg. Dist. No. 252

1. PLACE OF DEATH:
County: Talbot
City or town: near Wye Mills
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2½ years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Queen Anne's
City or town: Rural near Wye Mills
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war: None

3.(a) FULL NAME: William Breen

3.(b) Social Security Number: 213-24-0912

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

8.(b) Name of husband or wife: Agnes Pinder Breen
6.(c) If alive, give age: 50 years

7. Birth date of deceased (mo., day, yr.): March 12-1882

8. AGE:

Years	Months	Days	If less than one day
63	5	15	...hrs. ...min.

9. Birthplace: Ireland (Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business:
FATHER 12. Name: Do not know
13. Birthplace: Ireland
MOTHER 14. Maiden name: Do not know
15. Birthplace: Ireland
16. Informant: Mrs Agnes P. Breen
Address: Centreville, Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug. 29. 45 (month) (day) (year)
Cemetery or crematory: Chesterfield
Location: Centreville, Maryland
18. Funeral director: Baxter Bros
Address: Centreville Maryland
19. Aug. 29-1945 (Date rec'd by registrar) Elsie Armstrong Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug. 27- 1945 at 6. A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 26- 1945 to Aug 27- 1945
and that I last saw him alive on Aug 26- 1945

Immediate cause of death	DURATION
[redacted] Myocarditis	one year
Due to: Rheumatism, Chronic	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ...Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: W. Henry Fisher M. D. or other
Address: Centreville Md Date signed: 8/28.45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

★ Reg. Dist. No. 290

1. PLACE OF DEATH:
County Talbot
City or town Easton Rural
(If ontside city or town limits, write RURAL and give nearest town)
How long in above place of death? 4 months
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Talbot
City or town Wittman
(If ontside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME William J. Burrows

3.(b) Social Security Number 218-20-4536

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	widower

6.(b) Name of husband or wife
6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 6 1867

8. AGE: Years	Months	Days	If less than one day
78	6	29	hrs. min.

8. Birthplace Bozman Talbot, Md
(Town, county, and state)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name Henry W. Burrows
13. Birthplace Wittman, Md
MOTHER 14. Maiden name Maries A. Sears
15. Birthplace Queen Anns Co. Md.
18. Informant William H. Burrows
Address Preston Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 7 1945 (month) (day) (year)
Cemetery or crematory Spring Hill Cemetery
Location Easton Md
18. Funeral director Keenan & Harrison
Address St. Michaels. Md.
19. 8/6 1945 M. A. Merrick Registrar
(Date filed by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4, 1945, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1945, to Aug 4 1945
and that I last saw him alive on May 4 1945

Immediate cause of death	DURATION
Myocardial failure	
Due to Gastric Carcinoma	2 yrs.
Due to	
Other conditions	

(Incinde pregnancy within 3 months of death)

Major findings of operations
Date of op.
Antopsy results
PHYSICIAN: Please underline the cause to which death shonld be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. Taylor Baker M. D.
M. D. or other
Address Easton Date signed 8-7-45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Evidence for change of age & date of birth of deceased is shown on File G 97 SEP 10 1945

08299

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (1)

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: County Talbot; City or town Easton (If outside city or town limits, write RURAL and give nearest town); How long in above place of death? Twenty Odd years; Hospital, institution, or street address where death occurred:; How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland; County Talbot; City or town Easton (If outside city or town limits, write RURAL and give nearest town); Street No. (If rural, give LOCATION); 2.(a) If veteran, name war Yes

3.(a) FULL NAME: William Walter Osburn

3.(b) Social Security Number: None

4. Sex: Male | 5. Color or race: White | 6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Laskie Osburn

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): 8-30-1882 1881

8. AGE: Years 63 | Months 11 | Days 29 | If less than one day ..... hrs. ..... min.

9. Birthplace: Easton Talbot Co. Md. (Town, county, and state)

10. Usual occupation: Manufacturer

11. Industry or business: Contractor Iron Railings

FATHER 12. Name: Millard F. Osburn

13. Birthplace: Dorchester Co. Md.

MOTHER 14. Maiden name: Mary V. Brown

15. Birthplace: Queen Anne Co. Md.

16. Informant: Mrs. Laskie Osburn; Address: Easton Md.

17. Burial (Burial, cremation, or removal. Which?); Date thereof 9-1-1945 (month) (day) (year)

Cemetery or crematory: Odony Lodge

Location: Easton Md.

18. Funeral director: J. Norman Mashed

Address: Michaels

19. 8/30 1945 (Date rec'd by registrar) N.H. Nevins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 29, 1945, at 1700 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..., to ..... 19...

and that I last saw h... alive on ..... 19...

	DURATION
Immediate cause of death: G S W.	Hours
Due to: Mental depression	
Due to: Diabetic gangrene both feet	Eight
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Suicide; Date of 8-29-45

Where did injury occur? Easton (City or town) Talbot (County) Md. (State)

Injured at home, farm, industry, public place (where?) home

Means of injury G S W. Injured at work?

23. SIGNATURE: Louis J. Watty MD (M. D. or other)

Address: Easton Md. Date signed 8-30-45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
County: Talbot
City or town: Easton (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? all of life
Hospital, Institution, or street address where death occurred: 505 Goldsborough St.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State: Md. County: Talbot
City or town: Easton (If outside city or town limits, write RURAL and give nearest town)
Street No.: Goldsborough St (If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Winnifred Collier

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	Widow

6.(b) Name of husband or wife: George W. Collier
6.(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): Oct. 12, 1872.

8. AGE: Years	Months	Days	If less than one day
72,	10	13.	hrs. min.

9. Birthplace: Talbot County, Md. (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: Thomas Ferguson
13. Birthplace: Talbot Co. Md.
MOTHER 14. Maiden name: Celia Chaires
15. Birthplace: Queen Anne's Co. Md.
16. Informant: Mrs. Wm. Neale
Address: Easton Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug. 28, 1945 (month) (day) (year)
Cemetery or crematory: Spring Hill
Location: Easton Md.
18. Funeral director: Maurice E. Meredith & Son
Address: Easton Md.
19. 8/26 (Date rec'd by registrar) 1945 M. H. Meredith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug. 25, 1945 at 12:00 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Carcinoma uteri &	
Due to: adnexae	1 yr +
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE: Louis P. Hoty MD M. D. or other
Address: Easton Md Date signed 8-28-45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH (INDELIBLE) INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46)

CERTIFICATE OF DEATH

08311

★ Reg. Dist. No. 296

1. PLACE OF DEATH:
County Talbot
City or town Easton Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 30 years
Hospital, institution, or street address where death occurred: 216 Aurora St.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Talbot
City or town Easton, Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No. 216 Aurora St.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME AUGUSTUS CONRAD

3. (b) Social Security Number —

4. Sex: Male
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Widowed
6.(b) Name of husband or wife: Susie V. Conrad
6.(c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.): June 25, 1856
8. AGE: Years 89 | Months 1 | Days 11 | If less than one day ..... hrs. ..... min.
9. Birthplace: Belgium (town, county, and state)
10. Usual occupation: Retired Farmer
11. Industry or business:
FATHER 12. Name: Carl Conrad
13. Birthplace: Belgium
MOTHER 14. Maiden name: Frederica Johns
15. Birthplace: Belgium
16. Informant: Mrs. S. D. Plummer
Address: Easton, Md. (Rural)
17. Burial (Burial, cremation, or removal. Which?) Date thereof: August 8, 1945 (month) (day) (year)
Cemetery or crematory: Spring Hill
Location: Easton, Md.
18. Funeral director: J. Ellis Clark
Address: Easton, Md.
19. 8/8 1945 (Date rec'd by registrar) N. A. Nevins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 6 1945 at 3 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1944 to August 1945
and that I last saw him alive on August 4th 1945

	DURATION
Immediate cause of death: Carcinoma of the Stomach	1 year
Due to:	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ..... Date of .....
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ..... Injured at work?

23. SIGNATURE William S. Seymour M. D. or other
Address Easton Md Date signed Aug 6th

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

Evidence for addition of age is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08297

FILE No. G 98 SEP 21 1945

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Easton (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 day

Hospital, institution, or street address where death occurred 29 Aurora St.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Talbot

City or town Easton (Rural) (If outside city or town limits, write RURAL and give nearest town)

Street No. R.F.D. # 4 Royal Oak (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME JACOB COPPER

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Widowed

6.(b) Name of husband or wife Mary Copper

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years 80 yrs. Months Days If less than one day ..... hrs. ..... min.

9. Birthplace Talbot Co. Md. (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Farming

FATHER 12. Name Jacob Copper 13. Birthplace Maryland

MOTHER 14. Maiden name Sarah Glenn 15. Birthplace Maryland

16. Informant P. W. Pitchman

Address Easton, Md. R.F.D. #2

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug. 28, 1945 (month) (day) (year)

Cemetery or crematory Royal Oak

Location Easton, Md. (Rural)

18. Funeral director T. Ellis Clark

Address Easton, Md.

19. 8/28 (Date rec'd by registrar) 1945 N. H. Nevins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 25 1945 at 10 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 19 1945 to Aug. 25 1945 and that I last saw h alive on Aug. 25 1945

Immediate cause of death	DURATION
Pneumonia	7
Due to The Colon	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Howard T. Pitt M.D. M. D. or other

Address Easton, Md. Date signed 8-28-45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(M)

PLEASE WRITE PLAINLY, WITH NON-FADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

(1)

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (18)

CERTIFICATE OF DEATH

★ Reg. Dist. No. 290

083112

1. PLACE OF DEATH:
County: Talbot County
City or town: Easton, Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 20 minutes
Hospital, institution or street address where death occurred: Memorial Hospital
How long in hospital or institution? 20 minutes

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Caroline
City or town: Federalsburg
(If outside city or town limits, write RURAL and give nearest town)
Street No. Houston Branch Road
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME Baby Girl Dolby

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6.(b) Name of husband or wife: —
6.(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): Aug. 10, 1945

8. AGE: Years — Months — Days — If less than one day: ____ hrs. 20 min.

9. Birthplace: Easton, Md.
(Town, county, and state)

10. Usual occupation:

11. Industry or business:

FATHER
12. Name: J. Lee Dolby
13. Birthplace: Dorchester Co. Md.

MOTHER
14. Maiden name: Margaret Darling
15. Birthplace: Caroline Co. Md.

16. Informant: J. Lee Dolby
Address: Federalsburg Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 8/11/45 (month) (day) (year)
Cemetery or crematory: Hill Crest
Location: Federalsburg

18. Funeral director: J. J. Frampton and Son
Address: Federalsburg, Maryland

19. 8/11 1945 (Date rec'd by registrar) N. H. Nevins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 10 1945 at 9 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 10 1945 to Aug 10 1945 and that I last saw h[illegible] alive on Aug 10 1945

Immediate cause of death	DURATION
Erythroblastosis Fetalis	?
Due to: Prematurity & Anoxia	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ____ Date of op. ____

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: ____ Injured at work?

23. SIGNATURE: Frank M Anderson M.D.
M. D. or other
Address: Federalsburg, Md. Date signed 8/14/45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

CERTIFICATE OF DEATH

083113 291
Reg. Dist. No.

1. PLACE OF DEATH:
County Talbot
City or town Royal Oak
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 33 yrs.
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Talbot
City or town
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME James Howard Ferguson

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W.	M.

8.(b) Name of husband or wife Marion Tuppe Ferguson
6.(c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) Oct. 3, 1883

8. AGE:	Years	Months	Days	If less than one day
	61	10	19	hrs. min.

9. Birthplace Baltimore, Maryland.
(Town, county, and state)
10. Usual occupation Farmer.
11. Industry or business
FATHER 12. Name George Ferguson.
13. Birthplace Md.
MOTHER 14. Maiden name Virginia Pickett
15. Birthplace Va.
18. Informant Mrs Marion Ferguson.
Address Royal Oak. Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug. 24, 1945. (month) (day) (year)
Cemetery or crematory Asbury Hill
Location Easton. Md.
18. Funeral director H. Clio Clark.
Address Easton. Md.
19. 8/23 1945 (Date rec'd by registrar) N. H. Meeres Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 24 1945 at 6 H. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19
and that I last saw h alive on 19

Immediate cause of death	DURATION
Chronic Myocarditis fibrosis	
Due to Chronic Myocarditis	
Due to Chronic glomerulo-nephritis	
Other conditions Diabetes Mellitus	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. Taylor Bruce M.D.
M. D. or other
Address Easton Date signed 8-25-45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

08304293

★ Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Talbot
City or Town Cordova, Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 40 years.
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Talbot
City or town Cordova
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME William Henry Green.

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	C	Widowed

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Oct. 9, 1866

8. AGE: Years	Months	Days	If less than one day
78	9	25	..... hrs. ..... min.

9. Birthplace Queen Annes County.
(Town, county, and state)

10. Usual occupation Laborer.

11. Industry or business

FATHER
12. Name Joseph Green
13. Birthplace Unknown.

MOTHER
14. Maiden name Mary Ross
15. Birthplace Talbot County Md.

16. Informant Bessie Green
Address Cordova, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 28, 1945 (month) (day) (year)
Cemetery or crematory Chapel Cemetery
Location Cordova, Md.

18. Funeral director Earl W Stafford
Address Easton, Md.

19. 8/29 1945 N. H. Merrey
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 26, 1945, at 1 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 12, 1945, to August 26, 1945 and that I last saw him alive on August 2, 1945

Immediate cause of death Myocardial failure — DURATION 3 days

Due to Arteriosclerosis — many years

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Chas Cordova M.D.
M. D. or other
Address Queen Anne Md. Date signed 8/30

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1)

CERTIFICATE OF DEATH

08305

Reg. Dist. No. 2-92

1. PLACE OF DEATH:
County: Talbot
City or town: Trappe
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 15 months
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Talbot
City or town: Easton Rt. 1
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: EDITH E. GRIFFIN

3.(b) Social Security Number:

4. Sex: Female
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Married
6.(b) Name of husband or wife: John P. Griffin
6.(c) If alive, give age: 63 years
7. Birth date of deceased (mo., day, yr.): May 10, 1892
8. AGE: Years: 53 Months: 3 Days: 8 If less than one day: hrs. min.
9. Birthplace: Talbot Co. Md. (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business

FATHER
12. Name: John Thomas Saunor
13. Birthplace: Maryland

MOTHER
14. Maiden name: Ora Estelle Dowdle
15. Birthplace: Talbot Co Md.

16. Informant: Mrs. John Griffin
Address: Easton, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug 21, 1945 (month) (day) (year)
Cemetery or crematory: Spring Hill
Location: Easton Md.
18. Funeral director: L. Ellis Clark
Address: Easton, Md.

19. 8/20/45 (Date rec'd by registrar) Joseph A. Ross Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug. 18 1945, at K P. M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 1940, to Aug. 18th 1945
and that I last saw h-- alive on Aug. 18th 1945

Immediate cause of death	DURATION
Coronary occlusion	10 days
Due to: Diabetes Mellitus with Hypertension	5 yrs.
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, Industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: William S. Seymour M. D. or other
Address: Easton Md. Date signed: 8/19/45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

★ 08306

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Easton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 48 yrs.

Hospital, Institution, or street address where death occurred: Glenwood Ave.

How long in hospital or Institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Talbot.

City or town Easton

(If outside city or town limits, write RURAL and give nearest town)

Street No. Glenwood Ave.

(If rural, give LOCATION)

2.(a) If veteran, name war /

3.(a) FULL NAME James R. Haddock.

3.(b) Social Security Number /

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	W.	Widower

6.(b) Name of husband or wife Cecelia Connelly

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Jan. 8, 1855.

8. AGE: Years	Months	Days	If less than one day
90	7	0	..... hrs. ..... min.

9. Birthplace Queen Anne County, Delaware (Town, county, and state)

10. Usual occupation Retired Farmer

11. Industry or business

FATHER 12. Name Do Know.

13. Birthplace "

MOTHER 14. Maiden name "

15. Birthplace "

16. Informant Mrs. Paul Alexander

Address Cambridge, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug. 10, 1945. (month) (day) (year)

Cemetery or crematory Spring Hill

Location Easton, Md.

18. Funeral director R. E. Stark

Address Easton - Md.

19. 8/9 (Date rec'd by registrar) 19 45 N. H. Meredith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 8 19 45 at 1.15 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 1942 to Aug. 8 1945

and that I last saw h... alive on August 8 1945

Immediate cause of death Myocardial Insufficiency — DURATION

Due to Arteriosclerosis

Due to Senility

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE Kurt Ledner M. D. M. D. or other

Address 213 Dover St. Easton, Md. Date signed 8/10/45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

08307

Reg. Dist. No. 290

1. PLACE OF DEATH:
County Talbot County
City or town Easton, Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred: Memorial Hospital
How long in hospital or institution? 33 days.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Talbot
City or town Easton
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Sadie Bertha Hughes

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W.	widow

6.(b) Name of husband or wife Wm. H. Hughes
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Sept. 21, 1861 (59)

8. AGE: Years	Months	Days	If less than one day
85			hrs. min.

9. Birthplace Talbot Co. Md.
(Town, county, and state)
10. Usual occupation H.W.
11. Industry or business

FATHER
12. Name Thomas Bruff Leonard
13. Birthplace Talbot Co.

MOTHER
14. Maiden name Rachel Kirby
15. Birthplace Talbot Co.

16. Informant Mildred Benson
Address Brooklyn, N.Y.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 8/31/45 (month) (day) (year)
Cemetery or crematory Spring Hill
Location Easton, Md.
18. Funeral director Maurice E. Harrison & Son
Address Easton, Md.
19. 8/30/45 (Date rec'd by registrar) N.Y. Nurses Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-28-45 at 11 53 P. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Acute Myocardial failure	
Due to Chronic Myocarditis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....
Autopsy results .....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury Injured at work?

23. SIGNATURE John Bruce M.D.
M. D. or other
Address Easton Date signed 9-3-45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (18)

CERTIFICATE OF DEATH

08308

Reg. Dist. No. 290

1. PLACE OF DEATH:
County Talbot
City or Town Easton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 days
Hospital, Institution, or street address where death occurred: Memorial Hospital
How long in hospital or Institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Talbot.
City or town Trappe (Rural)
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Alonzo Ross McMahan

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	single.

6.(b) Name of husband or wife
6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 29 1873

8. AGE: Years 72 | Months 3 | Days 9 | If less than one day hrs. min.

9. Birthplace Trappe (Rural) Md. (town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Matthias J. McMahan
13. Birthplace Trappe (Rural) Md.

MOTHER
14. Maiden name Katherine L. Ross
15. Birthplace Trappe (Rural) Md.

16. Informant Raphael M. McMahan
Address Trappe, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 9 1945 (month) (day) (year)
Cemetery or crematory Spring Hill
Location Easton, Md.

18. Funeral director Maurice E. Hannum & Son
Address Easton, Md.

19. 8/8 (Date rec'd by registrar) 19 45 M.D. Morris Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 7, 1945 at 2:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 4th 1945 to aug 6th 1945 and that I last saw him alive on Aug 6th 1945

Immediate cause of death	DURATION
Fracture of Cervical vertebral	4 days
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide accident Date of aug 3d/45
Where did injury occur? Near Trappe (City or town) Talbot (County) Md (State)
Injured at home, farm, industry, public place (where?) At home
Means of injury Fell from upstairs Injured at work? no
window

23. SIGNATURE William S. Seymour M. D. or other
Address Easton Md Date signed 8/9/45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

08309

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
County Talbot
City or town Easton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 4 days
Hospital, Institution, or street address where death occurred: Memorial Hospital
How long in hospital or institution? 4 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Caroline
City or town Denton
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Mary Hannah Naylor

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	married

6.(b) Name of husband or wife Stephen J. Naylor
6.(c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) Aug. 21, 1878

8. AGE:

Years	Months	Days	If less than one day
67			hrs. min.

9. Birthplace Wisconsin
(Town, county, and state)
10. Usual occupation H. W.
11. Industry or business
FATHER 12. Name Wm. Walters
13. Birthplace Pa.
MOTHER 14. Maiden name Rosa Frow
15. Birthplace Pa.
16. Informant Stephen Naylor
Address Denton Md. RD
17. Buried (Burial, cremation, or removal. Which?) Date thereof 8-22-45 (month) (day) (year)
Cemetery or crematory Denton Cemetery
Location Denton Maryland
18. Funeral director J. Virgil Trevor & Son
Address Denton. Md.
19. 8/24 19 45 M.H. Meeres
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 22 August 1945 at 6:55 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 15 August 1945 to 22 August 1945 and that I last saw h[illegible] alive on 22 August 1945

Immediate cause of death	DURATION
Acute Myocardial failure	
Due to Chronic Myocarditis	
Due to	
Other conditions Diabetes Mellitus	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. Tyler Bailey M.D.
M. D. or other
Address Easton, Md. Date signed 8/26/45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (Md.)

CERTIFICATE OF DEATH

08310-
390
Reg. Diat. No. 390

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Talbot
City or town: Cordova (Rural)
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Talbot
City or town: Cordova
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Garfield Kenneth Newman

3.(b) Social Security Number: None.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Single

6.(b) Name of husband or wife
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Feb. 17, 1927

8. AGE:

Years	Months	Days	If less than one day
18	5	25	..... hrs. ..... min.

9. Birthplace: Cordova Md. (Talbot)
(Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business:
FATHER 12. Name: Charles Newman
13. Birthplace: Cordova, Md.
MOTHER 14. Maiden name: Mabel Green
15. Birthplace: Cordova Md.
16. Informant: Miss Gertrude Green
Address: Cordova, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug. 14 1945 (month) (day) (year)
Cemetery or crematory: Barretts Chapel
Location: Cordova, Md.
18. Funeral director: Maurice E. Newnam & Son
Address: Easton, Md.
19. 8/13 1945 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug. 11, 1945 at C.T.A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Auto accident	Minute
Due to: Ruptured viscus	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE: Louis D. Wrety M.D. Dep. Med. Ex.
M. D. or other
Address: Easton Md. Date signed: 8-14-45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 18

CERTIFICATE OF DEATH

08311

Reg. Dist. No. 290

1. PLACE OF DEATH:

County: Talbot

City or town: Easton (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 days

Hospital, Institution, or street address where death occurred: Memorial Hospital

How long in hospital or institution? 2 days

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants, give residence of mother)

State: Maryland County: Talbot

City or town: Easton (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Richard William Perry

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	W.	widowed

6.(b) Name of husband or wife: Mary R. Perry

6.(c) If alive, give age: ..... years

7. Birth date of deceased (mo., day, yr.): Nov. 8, 1866

8. AGE: Years: 78 Months: 9 Days: 1 If less than one day: ..... hrs. ..... min.

9. Birthplace: Caroline Co. Md. (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business:

FATHER 12. Name: Unknown

13. Birthplace: "

MOTHER 14. Maiden name: Mary Dillon

15. Birthplace: Md.

16. Informant: Mrs. Helen Patrick

Address: 3024 W. North Ave

17. Burial (Burial, cremation, or removal) (Which?) Balto. Md. Date thereof 8/11/45 (month) (day) (year)

Cemetery or crematory: Spring Hill

Location: Easton Md

18. Funeral director: J. Otis Clark Funeral Home

Address: Easton, Md.

19. 8/11 (Date rec'd by registrar) 19 45 N. H. Merrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug. 9 19 45, at 9:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 7 19 45, to Aug. 9 19 45

and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Chronic myocarditis	?
Due to	
Due to	
Other conditions: Fractured femur	2 days
Due to: An accidental fall, cause? (Include pregnancy within 3 months of death)	

Major findings of operations: ..... Date of op. .....

Autopsy results: .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident Date August 8, 1945

Where did injury occur? ..... (City or town) ..... (County) ..... (State)

Injured at home, farm, industry, public place (where?) At home

Means of injury: Accidental fall. Injured at work?

23. SIGNATURE: Louis O. Watts M.D. M. D. or other

Address: Easton Md. Date signed 8-9-45

VS A15

PLEASE WRITE PLAINLY, WITH INDELIBLE INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08312

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Talbot
City or town: Easton (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 Years.
Hospital, institution, or street address where death occurred: 320 Talbot St.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Talbot
City or town: Easton (If outside city or town limits, write RURAL and give nearest town)
Street No. 320 Talbot St. (If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: WALTER ROBERTS
3. (b) Social Security Number

4. Sex: Male
5. Color or race: Colored
6.(a) Single, married, widowed, or divorced: Widowed
6.(b) Name of husband or wife: Lottie Roberts
6.(c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.): 1873
8. AGE: Years: 72 Months: — Days: — If less than one day: ..... hrs. ..... min.
9. Birthplace: Talbot Co. Md. (Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business: Farming
FATHER 12. Name: Bradford Roberts
FATHER 13. Birthplace: Maryland
MOTHER 14. Maiden name: Ellen Gray
MOTHER 15. Birthplace: Maryland.
18. Informant: Howard Roberts
Address: Easton, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug. 20, 1945 (month) (day) (year)
Cemetery or crematory: Richards
Location: Easton, Md.
18. Funeral director: J. Ellis Clark
Address: Easton, Md.
19. 8/20/45 (Date rec'd by registrar) M. H. Meeres Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 18 1945 at 3.25 A.M.
21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Aug 15, 1945 to Aug 18 1945
and that I last saw him alive on Aug 17, 1945
Immediate cause of death: Acute Coronary Disease — DURATION: 3 days
Due to: Chr. Rheumatoid Arthritis
Due to:
Other conditions: Hypertension
Serotal Hernia
(Include pregnancy within 3 months of death)
Major findings of operations: None
Date of op.:
Autopsy results: None
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: — Injured at work?

23. SIGNATURE: Phillip Brewer M. D. or other
Address: Haverhill Mass. Date signed: 8/20/45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 0831290

1. PLACE OF DEATH:
County: Talbot County
City or town: Easton, Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred: Memorial Hospital
How long in hospital or institution? 2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Talbot
City or town: Royal Oak
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Brian Selby

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W.	Child

6.(b) Name of husband or wife: –
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): May 12, 1945

8. AGE: Years | Months: 3 | Days: 10 | If less than one day: ..... hrs. ..... min.

9. Birthplace: Baltimore Md.
(Town, county, and state)

10. Usual occupation
11. Industry or business

FATHER
12. Name: Otto Selby
13. Birthplace: Schenectady NY

MOTHER
14. Maiden name: Ethel Hall
15. Birthplace: Talbot Co., Maryland

16. Informant: Mrs. Noble Emery
Address: Royal Oak Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 8/24/45 (month) (day) (year)
Cemetery or crematory: Spring Hill
Location: Easton Md.

18. Funeral director: John D. Williams
Address: Easton Md.

19. 8/23 1945 (Date rec'd by registrar) N. H. Neavitt Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 8-22 1945, at 4:35 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8-20 1945 to 8-22 1945 and that I last saw h... alive on 8-22 1945

Immediate cause of death	DURATION
Lobar pneumonia	2 days
Due to	
Due to	
Other conditions: Pneumonitis	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: J. Ivan Burns M.D.
M. D. or other
Address: Easton Md Date signed 8/26/45

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 18

CERTIFICATE OF DEATH

Reg. Dist. No. 08311294.

1. PLACE OF DEATH:

County: Talbot

City or town: Wittman
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Five years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Talbot

City or town: Wittman
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Edith O. Sewell

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6.(b) Name of husband or wife

6.(c) If alive, give age .... years

7. Birth date of deceased (mo., day, yr.): April 8, 1878

8. AGE: Years	Months	Days	If less than one day
67	3	6	...hrs. ...min.

9. Birthplace: Tilghman
(Town, county, and state)

10. Usual occupation: House work

11. Industry or business: Own home

FATHER
12. Name: Robert F. Sewell
13. Birthplace: Tilghman, Md.

MOTHER
14. Maiden name: Emily Cummings
15. Birthplace: Wittman, Md.

16. Informant: Miss Irene O. Sewell

Address

17. Burial — Date thereof: 8-15-45
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory: Olivet Cemetery

Location: St. Michaels, Md.

18. Funeral director: J. Norman Marshall

Address: St. Michaels, Md.

19 Aug. 14 1945 — Anna Carey Thomas, Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 13 1945 at 11:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 27 1945, to Aug 13 1945

and that I last saw her alive on [illegible]

Immediate cause of death [illegible] — DURATION

Due to [illegible]

Due to [illegible]

Other conditions [illegible]
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE [illegible] M. D. or other

Address: Tilghman — Date signed: [illegible]

08315

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93rd)

CERTIFICATE OF DEATH

★ Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot.

City or town Easton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 yrs.

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Talbot.

City or town Easton

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Anne Eliza Borden-Smith

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed.

B.(b) Name of husband or wife Samuel Borden-Smith.

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Feb. 22, 1857

8. AGE: Years 88 | Months 6 | Days | If less than one day ..... hrs. ..... min.

9. Birthplace New York City
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Peter J. Schenck.

13. Birthplace N. Y.

MOTHER 14. Maiden name Mary Bruce

15. Birthplace N. Y.

16. Informant Miss Caroline Borden-Smith.

Address Easton Md

17. Buried (Burial, cremation, or removal. Which?) Date thereof Aug 25 45
(month) (day) (year)

Cemetery or crematory Dennis Neck.

Location Easton Md.

16. Funeral director [illegible]

Address

19. 8/24 19 45 M. A. Meeris
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 23 1945, at 10:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....

and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Acute Myocardial failure	
Due to Chronic Myocarditis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, Industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE Tyler Bahen M.D
M. D. or other

Address Easton Date signed 8-23-45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-1)

CERTIFICATE OF DEATH

08316 ★ Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Easton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: 614 Goldsboro St.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Talbot.

City or town Easton

(If outside city or town limits, write RURAL and give nearest town)

Street No. 614 Goldsboro St.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Mary E. Smith

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	W.	M.

6.(b) Name of husband or wife Joseph T. Smith 6.(c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.) October 5, 1868.

8. AGE: Years	Months	Days	If less than one day
76	9	26	..... hrs. ..... min.

9. Birthplace Talbot Co. Md (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Joseph A. Harrison

13. Birthplace Md

MOTHER 14. Maiden name Sallie Barnett

15. Birthplace Oxford Md

16. Informant Mrs. Laura A. Rayne.

Address Easton Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug. 3. 45. (month) (day) (year)

Cemetery or crematory Spring Hill

Location Easton Md

18. Funeral director Ellis Clark

Address Easton. Md

19. 8.3 1945 N.H. Morris (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 1 1945 at 12:20 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 1942 to Aug 1 1945

and that I last saw h.. alive on July 28 1945

Immediate cause of death	DURATION
Ventricular fibrillation	acute
Due to Chronic myocarditis	years
Due to	
Other conditions Perforations Ulcers	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John T Leeds M. D. M. D. or other

Address Queen Anne Md Date signed 8/2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92d)

CERTIFICATE OF DEATH

08317

Reg. Dist. No. 194

1. PLACE OF DEATH:
County Talbot
City or town (Near) Oxford
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 17 hours

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State N.Y. County
City or town New York. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 87 Hemlock St Brooklyn.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Solomon Smith

3. (b) Social Security Number (?)

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife —

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Apr 23 - 1911

8. AGE: Years	Months	Days	If less than one day
34	4	30	____ hrs. ____ min.

9. Birthplace New York. NY (town, county, and state)
10. Usual occupation Salmon teacher
11. Industry or business
FATHER 12. Name Jacob Smith
FATHER 13. Birthplace Russia
MOTHER 14. Maiden name Anna Smith
MOTHER 15. Birthplace Russia
16. Informant Harry Nathanson
Address 76 Edward Ave Woodmere NY
17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 8 1945 (month) (day) (year)
Cemetery or crematory Hebrews
Location Brooklyn — New York
18. Funeral director Maurice E Kornman & Son
Address Easton md
19. Aug 7 1945 (Date received by registrar) Joseph A Roos Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 7 1945, at 7A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__ to ____ 19__, and that I last saw him alive on Aug 7 1945.

Immediate cause of death	DURATION
Cardiac decompensation	5 hrs
Due to Valvular Heart disease (Mitral)	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Joseph A Roos M. D. or Other
Address Trappe Md Date signed 8/7/45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08318

Reg. Dist. No. 290

1. PLACE OF DEATH:

County: Talbot Co.

City or town: Easton, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 14 da.

Hospital, Institution, or street address where death occurred:
Memorial Hospital

How long in hospital or institution? 14 da.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Talbot Caroline

City or town: Federalsburg
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war: ✓

3.(a) FULL NAME: Lydia White

3.(b) Social Security Number: 220-01-7579

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife: Mac Elzy White

6.(c) If alive, give age: 46 years

7. Birth date of deceased (mo., day, yr.): Jan. 21, 1901

8. AGE: Years: 44 | Months: 6 | Days: 28 | If less than one day: ..... hrs. ..... min.

9. Birthplace: Dorchester Co. Md.
(Town, county, and state)

10. Usual occupation: H.W.

11. Industry or business:

FATHER
12. Name: Alonzo Murphy
13. Birthplace: Dorchester Co. Md.

MOTHER
14. Maiden name: Saferonia Griffith
15. Birthplace: Dorchester Co. Md.

16. Informant: Elsie M. White
Address: Federalsburg, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 8/21/45 (month) (day) (year)

Cemetery or crematory: Eldorado Cemetery
Location: Eldorado, Md.

18. Funeral director: J. J. Frampton & Son
Address: Federalsburg, Maryland

19. 8/20/45 (Date rec'd by registrar) N. H. Merrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug. 19, 1945 at 7 50 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 5 1945 to Aug. 19 1945 and that I last saw h... alive on Aug. 19 1945

Immediate cause of death	DURATION
Pulmonary Thrombosis	10 min
Due to: Pelvic phlebitis	2 wks
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: J. Taylor Baker M. D. or other

Address: Easton, Md. Date signed 8/20/45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15